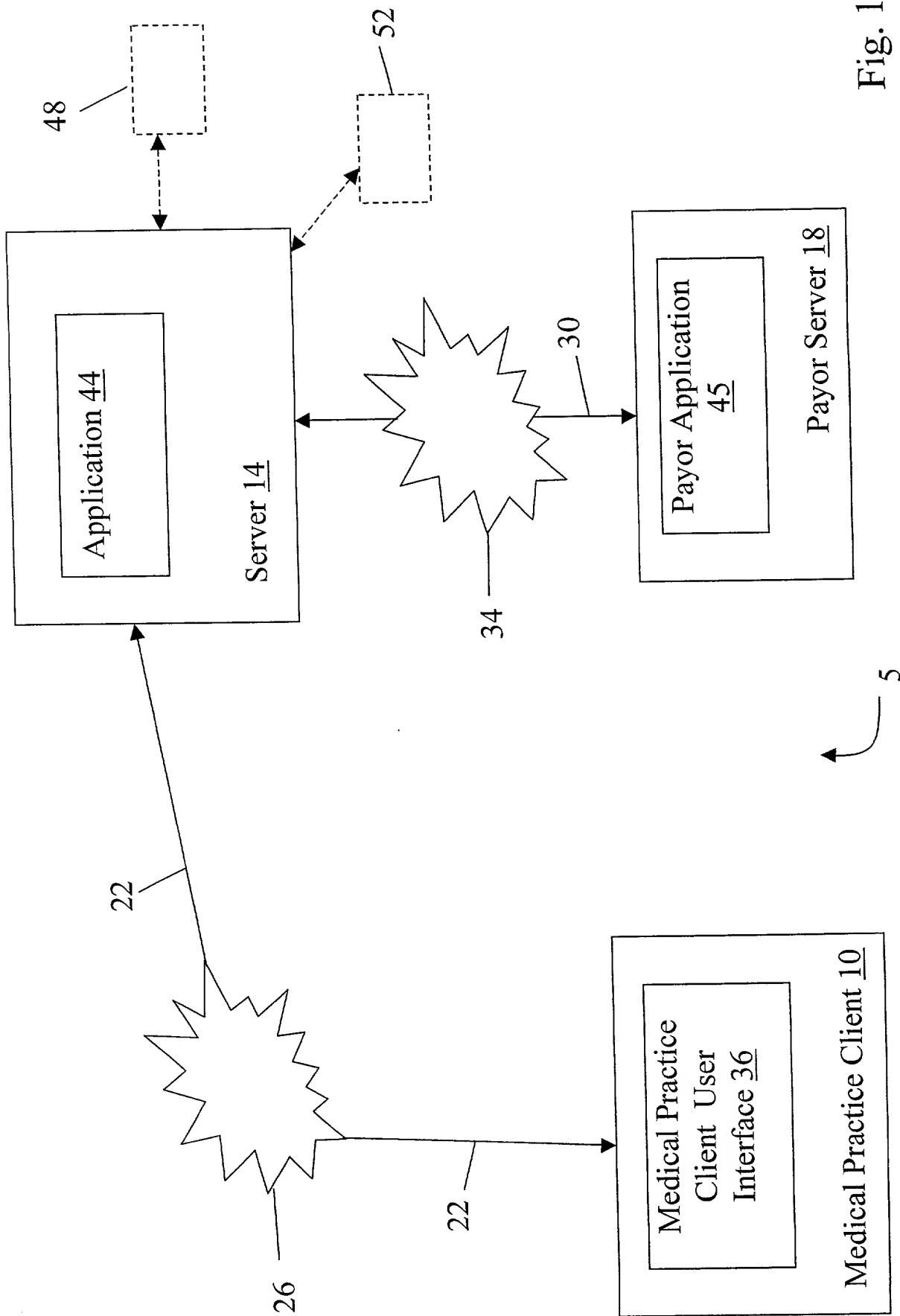


Fig. 1



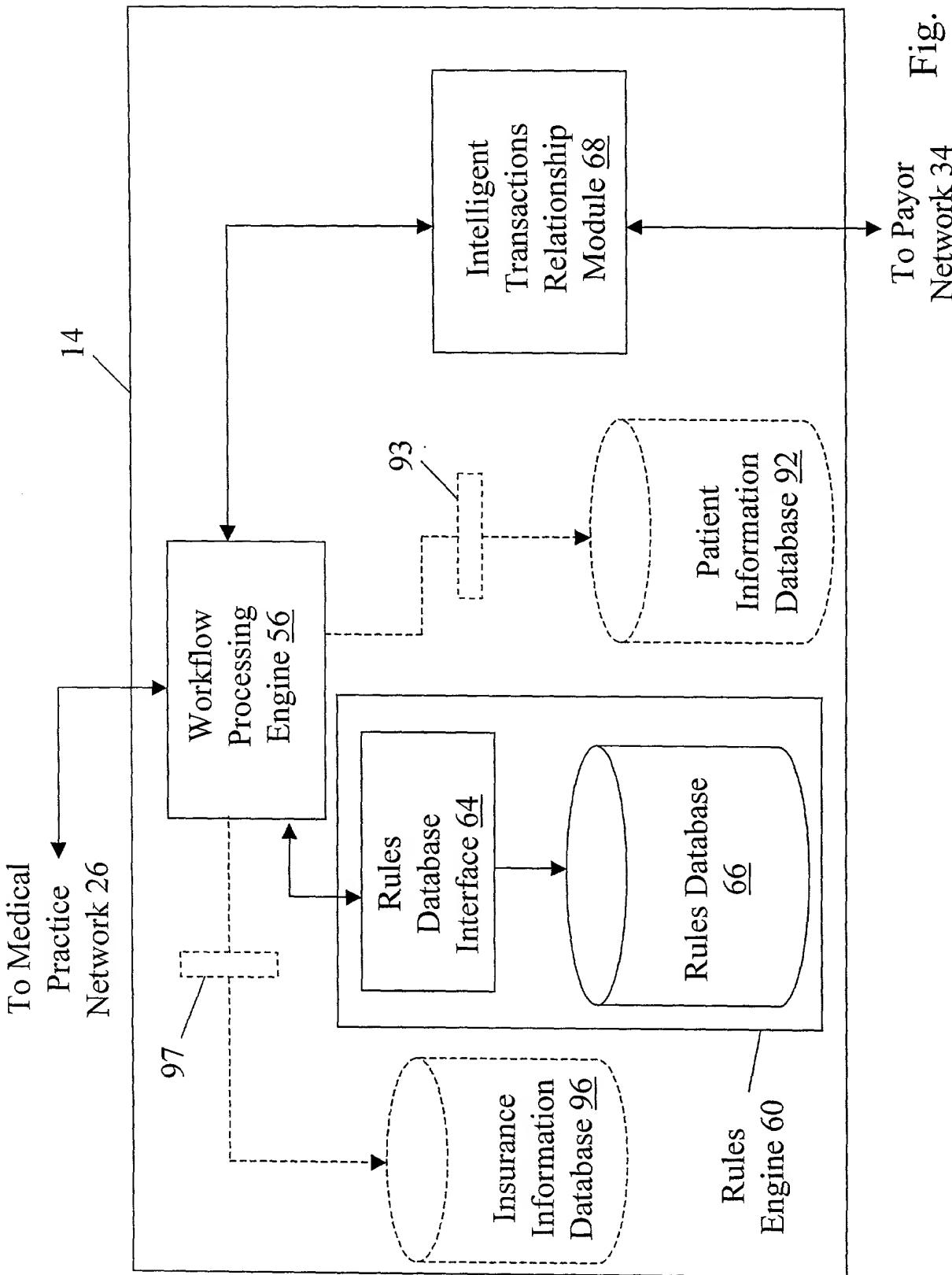


Fig. 2A

To Payor
Network 34

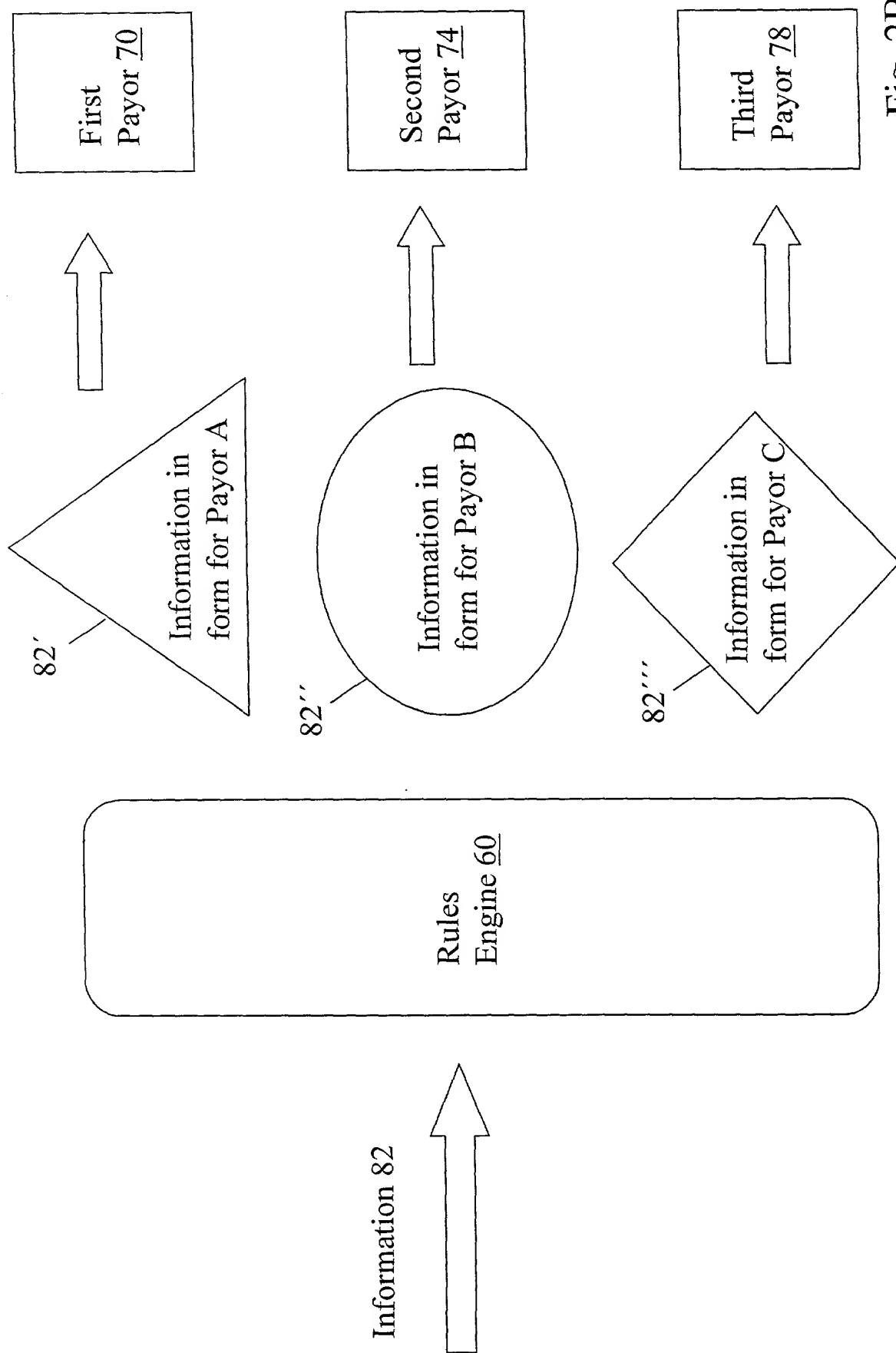


Fig. 2B

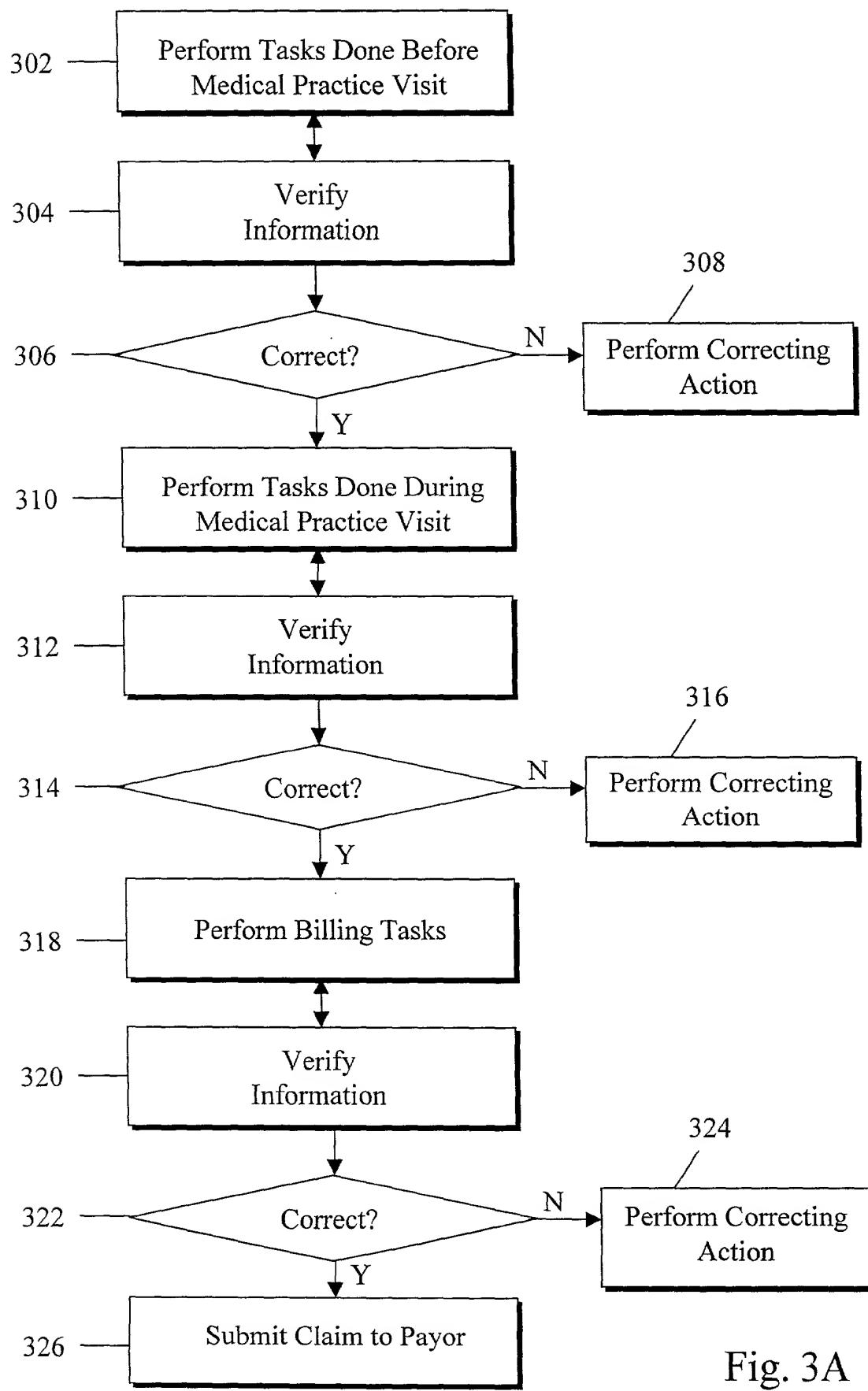


Fig. 3A

The Patient Workflow - Before the Medical Practice Visit

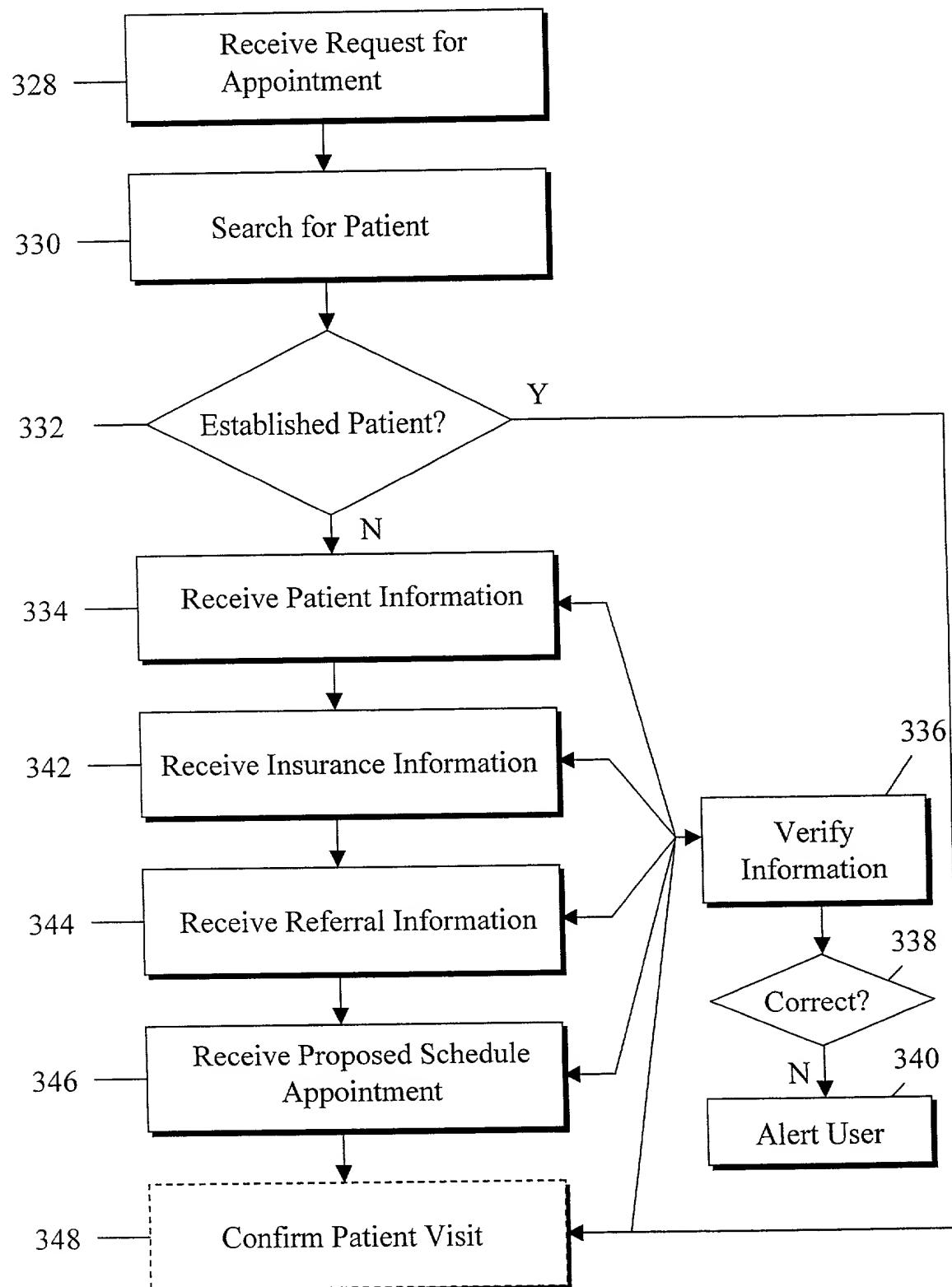


Fig. 3B

Patient Eligibility Determination

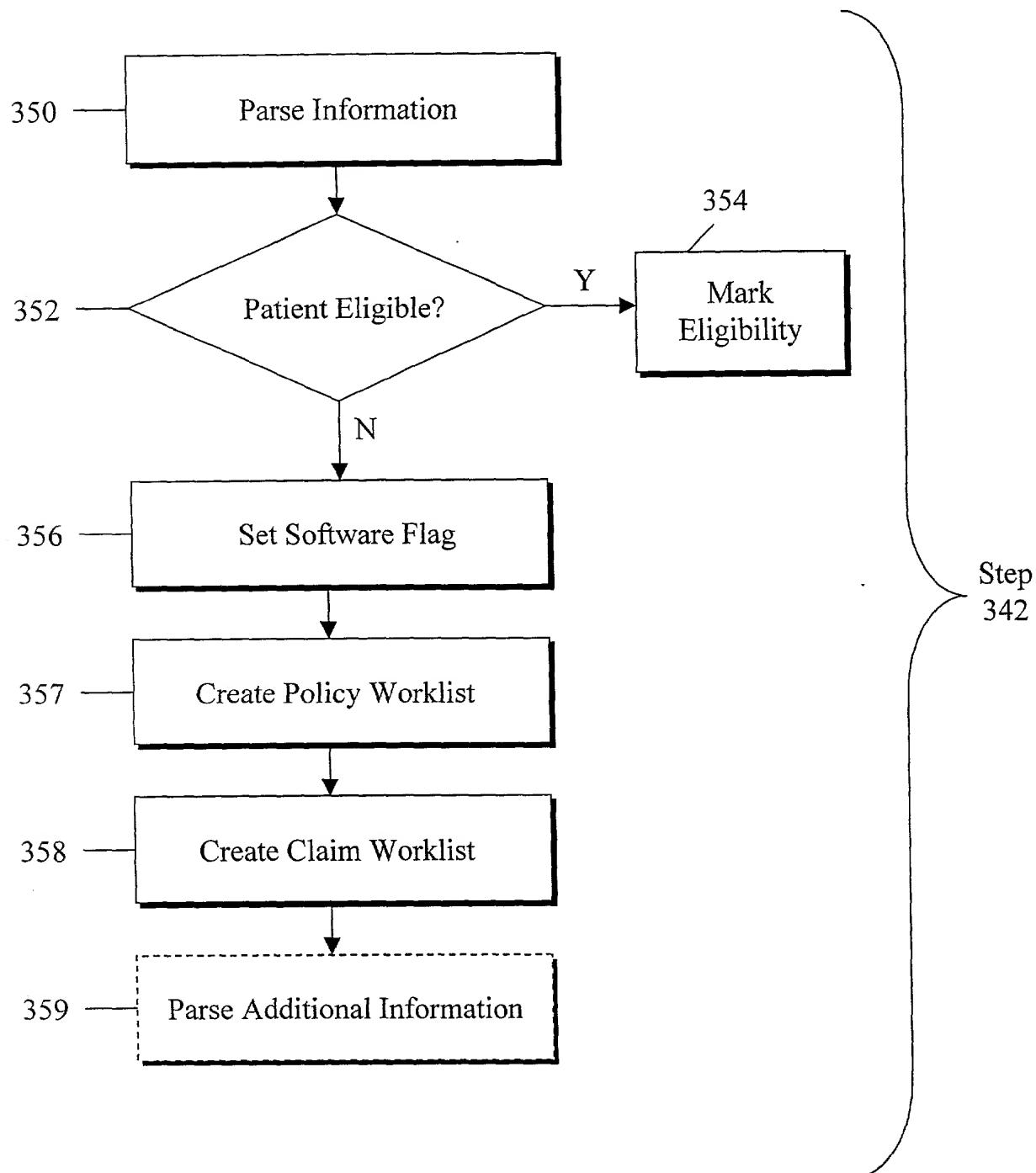


Fig. 3C

Patient Referral / Prior Authorization Determination

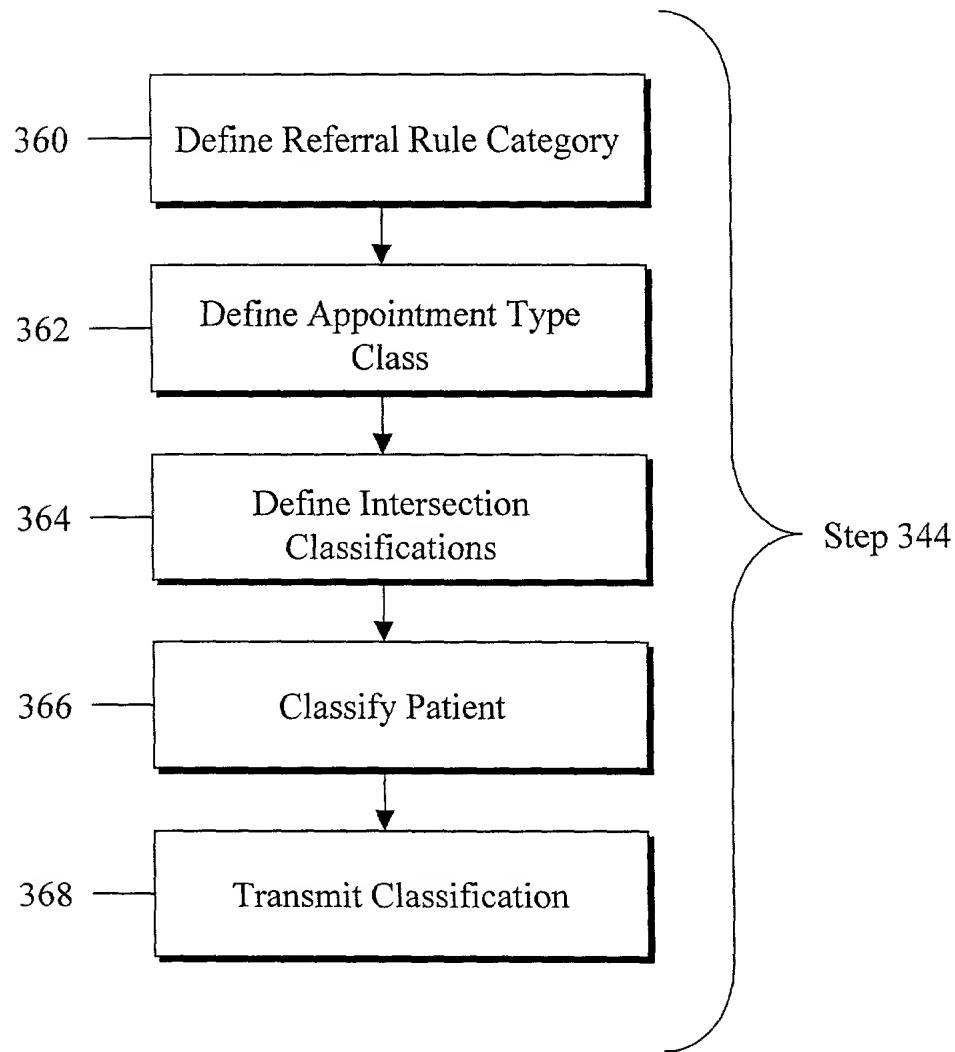


Fig. 3D

The Patient Workflow - During the Medical Practice Visit

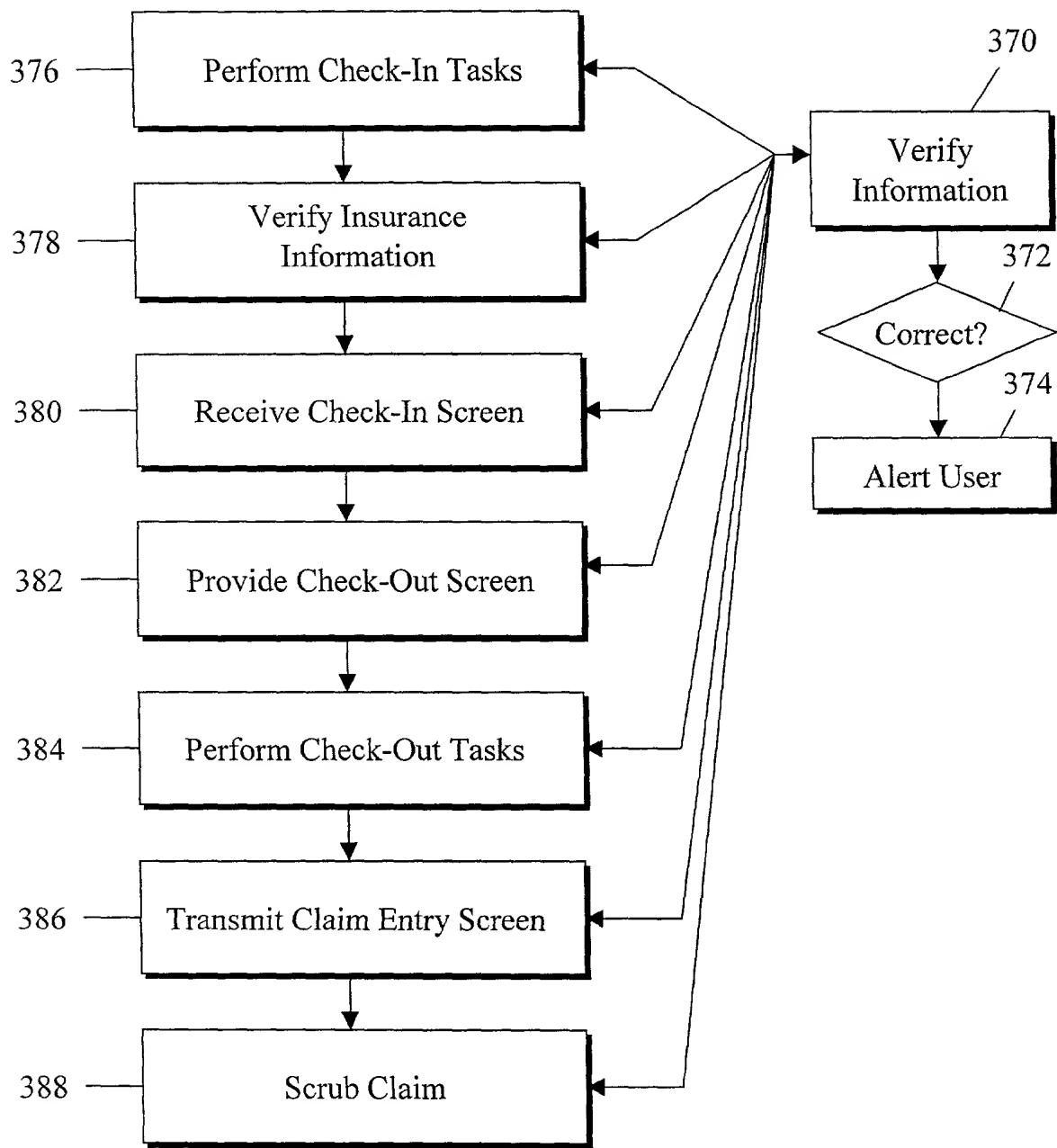


Fig. 3E

The Billing Workflow

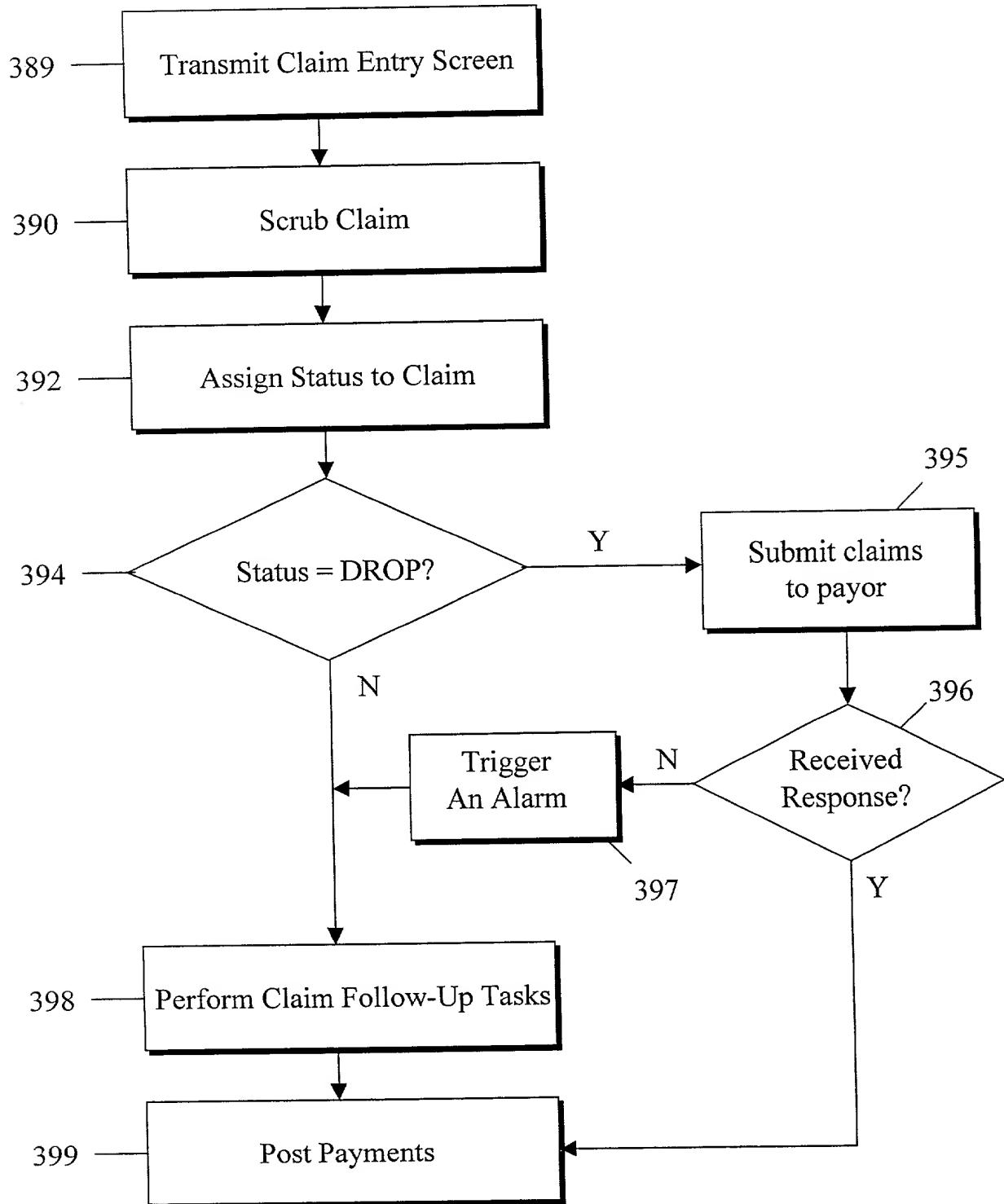


Fig. 3F

Patient Registration	
Last Name	<input type="text"/>
First Name + MInitial	<input type="text"/>
Sex	<input checked="" type="checkbox"/> M
Prev LastName	<input type="text"/>
DOB	<input type="text"/>
SSN	<input type="text"/>
Address	<input type="text"/>
Zip	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Email	<input type="text"/>
User Provider	<input checked="" type="checkbox"/>
ID Number/Owner	<input type="text"/>
General Hospital Med. Record # Records	<input type="text"/>
How did you hear about us?	<input type="text"/>
Specify (if Other, 2000)	<input type="text"/>
Internal/Outside Notes	<input type="text"/>
External Notes	<input type="text"/>
Date of Registration	<input type="text"/>
Dept. of Registration	<input type="text"/>
Primary Department	<input type="text"/>
Marital Status	<input checked="" type="checkbox"/> Married
Languages	<input checked="" type="checkbox"/> English
Ethnicity	<input checked="" type="checkbox"/> White
Guarantor (name to whom statements are sent)	<input type="text"/>
Guarantor Last Name	<input type="text"/>
Guarantor First Name + MInitial	<input type="text"/>
Guardian is the patient's legal guardian	<input checked="" type="checkbox"/>
Guardian Last Name	<input type="text"/>
Guardian First Name + MInitial	<input type="text"/>
Other patient contact info	<input type="text"/>
Emergency Contact Name	<input type="text"/>
Emergency Contact Relation	<input checked="" type="checkbox"/>
Emergency Contact Phone	<input type="text"/>
Employer Name	<input type="text"/> B-U-H-O-O-S-S
Employer Phone	<input type="text"/>

} 408

400

Fig. 4

504

503

512

516

520

Check-In

Sactions bar click the button to cancel the appointment info's schedule the patient point table to re

View/cancel today's appointment(s)

Reason for Cancellation

CANCEL Checked Appointment(s)

edit appointment information

App Type

Dept

Rendering Provider

Notes/Reason

• add note

Prior Auth #

Insurance

Primary new primary insurance

Verify & edit registration information to insure a patient's address before dates

Patient Notes

Patient Outstanding \$0.00 [view billing summary](#)

Last Name

First Name + M.I.

Prev Lastname

DOB

SSN

Address

Zip

City

State

Email

Status

Sex

Home Phone

Work Phone

Primary Department

Usual Provider

Martial Status

Ethnicity

General Hospital

Med. Record #

Records

Save registration changes

Collect Patient Payment

Pick Date

Time-Off+Service Batch

Method

Credit/C Debit Card Number

Service Date

Procedure

Outstanding Amount

Today's Copay (expected office visit copay \$)

Coinsurance (usual coinsurance %)

Today's Payment

500

Fig. 5

Print Billing Slip/Check-Out Check-In | Check-Out

ANNALEE SMITH #9351 Blood Drawn - 12/12/2003 - 01:30pm (checked in by Sam)

* action bar click this bar to edit registration info, schedule the patient, print labels, etc.

Billing Slip Check-Out Actions

Behavioral Health
 Family Medicine
 Internal Medicine
 Dr. Sinal
 OB/GYN
 Occupational Health
 Southern NH
 WMA

Schedule Appointment Calendar
1 wk / 2 wks / 3 wks / 4 wks / 5 wks / 6 wks
 Create Appointment Reminder
 Chart Check

602

604

608

612

Receipt
No payment was made today.
Collect Patient Payment

Post Date
Time-Of-Service Batch
Method
Check/CC Number

Service Date Procedure Outstanding Amount Today's Payment

Today's Copay (expected office visit copay \$)
Coinsurance (usual coinsurance %)
Other Payment Amount (reason:)

TOTAL
Remaining payments that have not yet been applied to charges: (\$0.00)

600

Fig. 6

Claim Entry

Action bar click the bar to edit registration and schedule the patient from patient list.

Receipt:
No payment was made today.

INSURANCE: Patient Data Provider Supervising Provider Patient Department Service Department Current Illness Date/LMP <small>(choose a previously entered auth)</small> Referring Provider <small>Referral/Auth Number</small> <small>Notes</small>	DATE OF SERVICE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(or EDD)</small> ID/CERT: <input type="text"/> <small>choose</small> <small>newchoose</small> <input type="text"/> <input type="text"/>
Procedures Diagnoses Justifying This Row of Procedures	
<small>Other Justifying Diagnosis External documentation only, will not appear on printed claim)</small>	
<input type="button" value="Create Claim"/> <input type="button" value="Advanced..."/> ~724	
<small>billing slip #</small>	
<small>Hint Pressing . or ? by itself in a procedure or diagnosis box triggers a procedure/diagnosis lookup.</small> <small>Hint To designate multiple units, append a period + number (.units) to the procedure; e.g. []</small> <small>Hint To designate a modifier, append a comma + modifier (,modifier) to the procedure; e.g. []</small> <small>Hint Type "s" as shorthand for "same as above".</small>	
<small>Reason</small> <input type="text"/> <input type="checkbox"/> <small>Mark Appointment As Not Requiring Charge Entry</small>	

704 { 704 { 708 { ~724 { ~712 {

Fig. 7A

Claim Entry Check In Check Out Claim Enquiry

< action bar click this bar to edit registration info, schedule the patient appointment etc.

No payment was made today.

DATE OF SERVICE: 12/12/2000
INSURANCE: TUFTS TOTAL HEALTH (PPA, PPO, EPO) ID/CERT: 12132423423

Post Date: [dropdown]
Provider: [dropdown]
Supervising Provider: [dropdown]
Patient Department: [dropdown]
Service Department: [dropdown]

Primary Payer: [dropdown]
Primary Accept Assignment: [dropdown]
Secondary Payer: [dropdown]

Current Illness Date/EPP: [dropdown] (or EDD) [dropdown]
Same or Similar Illness Date: [dropdown]
Hospitalization Dates: [dropdown] to [dropdown]
(choose a previously entered auth) [checkbox]

Referring Provider: SMITH, GERALD [checkbox] New choose
Referral/Auth Number: [dropdown]
Notes: [dropdown]

From: 752 Procedure: [dropdown] Units: [dropdown] Diagnoses Justifying this Procedure: [dropdown] FP: [dropdown]

750 [dropdown] 740 [dropdown]

Other Justifying Diagnoses (internal documentation only, will not appear on printed slips): [dropdown]

Additional HCFA Free Text: (This is almost always blank) [dropdown]

751 [dropdown] 755 [dropdown]

billing slip #

732 ↑

Fig. 7B

Claim Review

Check In Check Out Claim
List

action bar click this bar to edit registration info, schedule the patient, print labels, etc.

Claim created.

Claim Status							
Patient							
Primary Insurance							
Referring Provider							
Submitting Provider							
Rendering Provider							
Facility							
Diagnoses							
HCFA Ted usually blank							
Charges	POST	from	to	proc	description	qty	chg
							TOTAL \$

758

Claim Warnings:

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Fig. 7 D

show voided transactions

From	To	Ty	CPT	D1	D2	\$/unit	U	FP	E	C
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>						
type	reason/method	created		last modified			inst	ins2	patient	

CHARGE [OPEN] Incorrect insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction \$.

\$ 0.00 \$0.00

Charge History:

- Kicked, reason: IPN. Claim status1 set to HOLD. (superuser) (11/28/2000)

Note: KICK REASON: Incorrect insurance id number (IPN)

type reason/method created last modified inst ins2 patient

CHARGE [OPEN] Incorrect insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction \$10.00

\$10.00 \$0.00 \$0.00

Charge History:

- Kicked, reason: IPN. Claim status1 set to HOLD. (superuser) (11/28/2000)

Note: KICK REASON: Incorrect insurance id number (IPN)

type reason/method created last modified inst ins2 patient

CHARGE [OPEN] Incorrect insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction \$.

\$ 0.00 \$0.00

Charge History:

- Kicked, reason: IPN. Claim status1 set to HOLD. (superuser) (11/28/2000)

Note: KICK REASON: Incorrect insurance id number (IPN)

Claim Scrubbing Errors:

- Error: Insurance Default(246) Valid insurance ID Number required

The format of the Insurance ID Number appears to be incorrect update policy

Claim History:

- Changed STATUS1 from CLOSED to DROP. (superuser) (11/28/2000)
- Changed STATUSP from DROP to CLOSED. (superuser) (11/28/2000)
- Changed STATUS1 from DROP to HOLD, because charge failed rule #246 (superuser) (11/28/2000)
- Set CURRENTINNNESSDATE to 11/28/2000. (superuser) (11/28/2000)
- Changed STATUS1 from HOLD to DROP. (superuser) (11/28/2000)
- Changed STATUS1 from DROP to HOLD, because KICKED - IPN (superuser) (11/28/2000)

Claim Notes

- Action: NOTE: Kickreason: Incorrect insurance id number. (superuser) (11/28/2000)

Post Date

Save Claim | Save Claim & Add Note | Delete This Claim

Fig. 7E

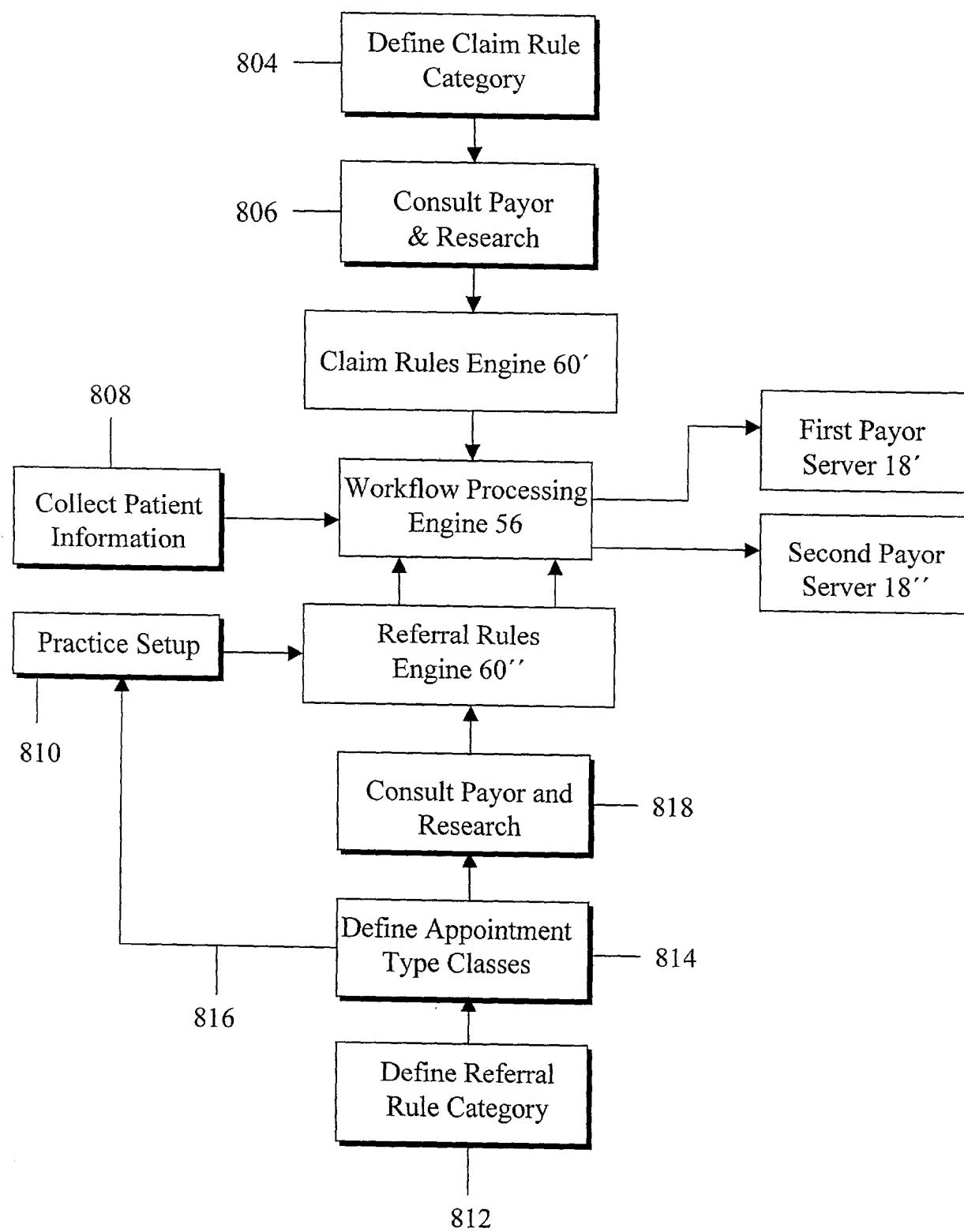


Fig. 8A

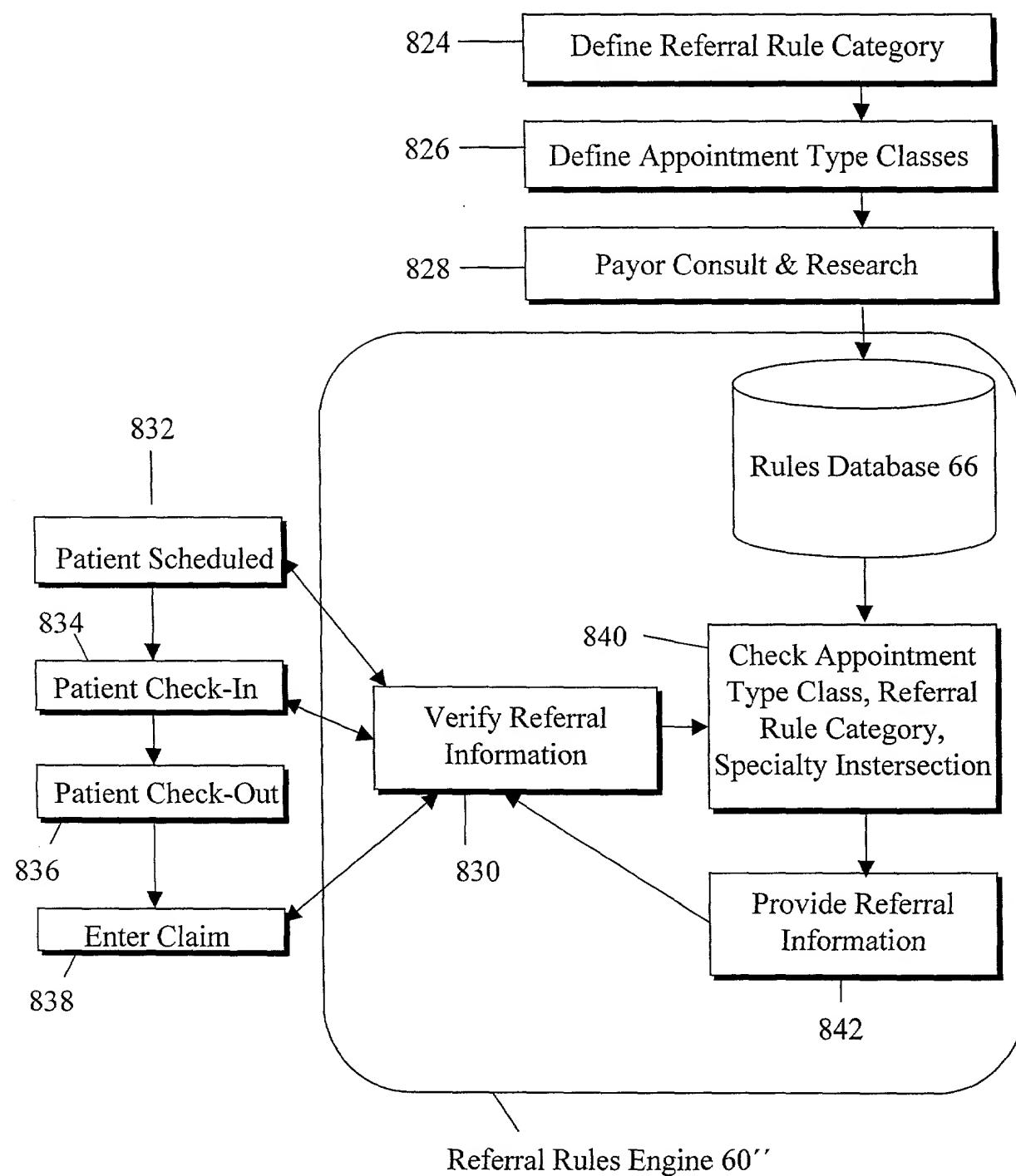


Fig. 8B

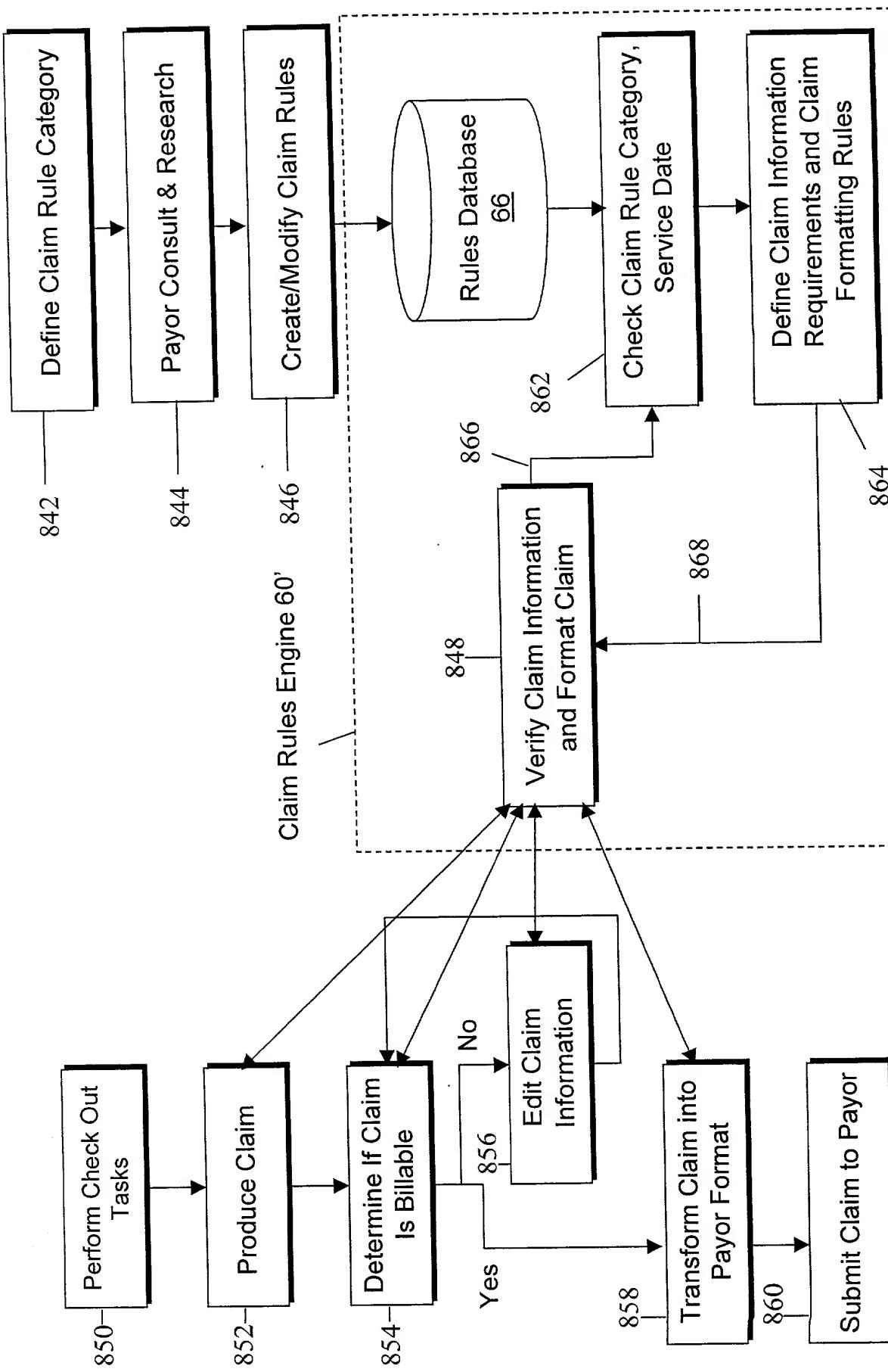
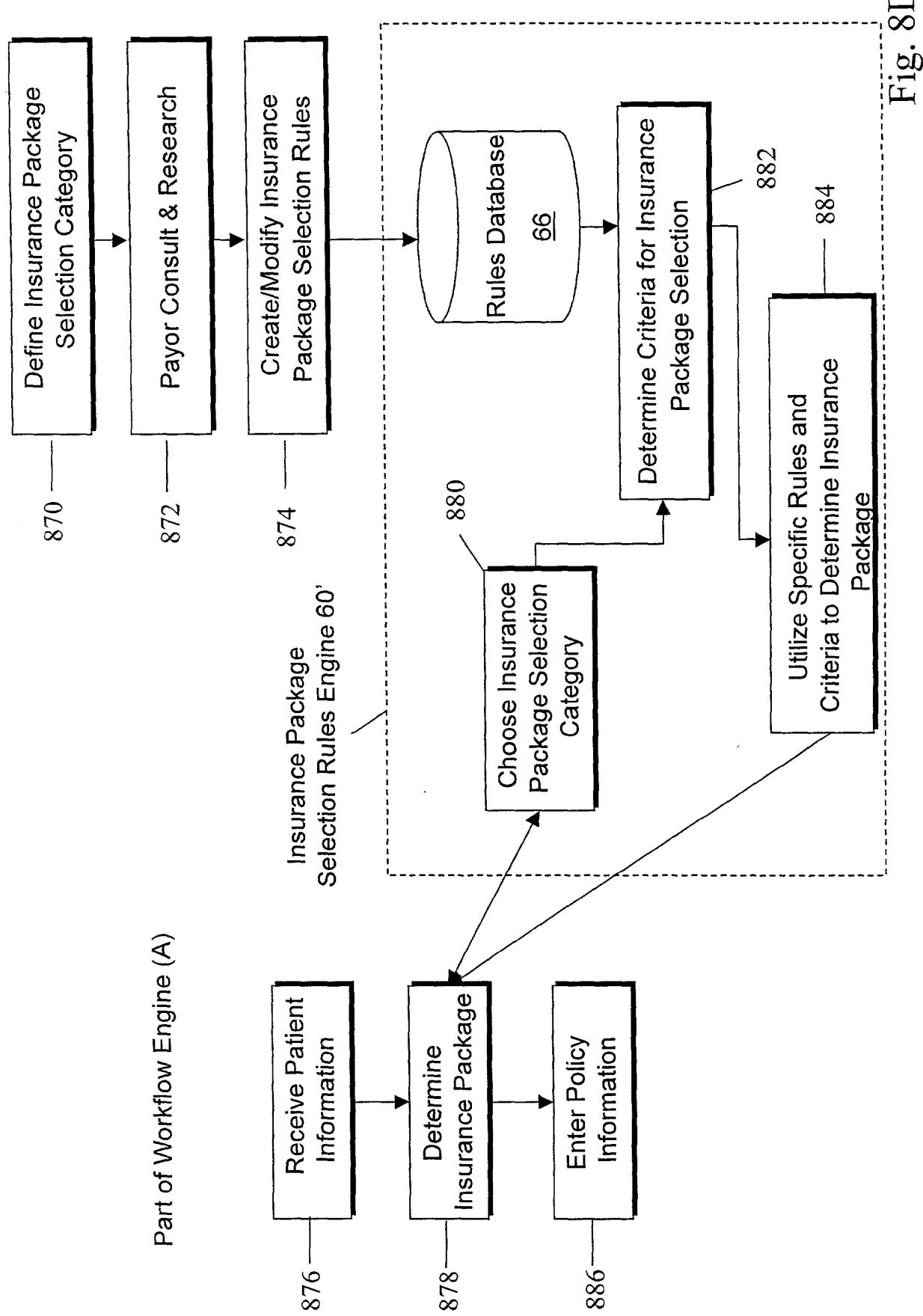


Fig. 8C



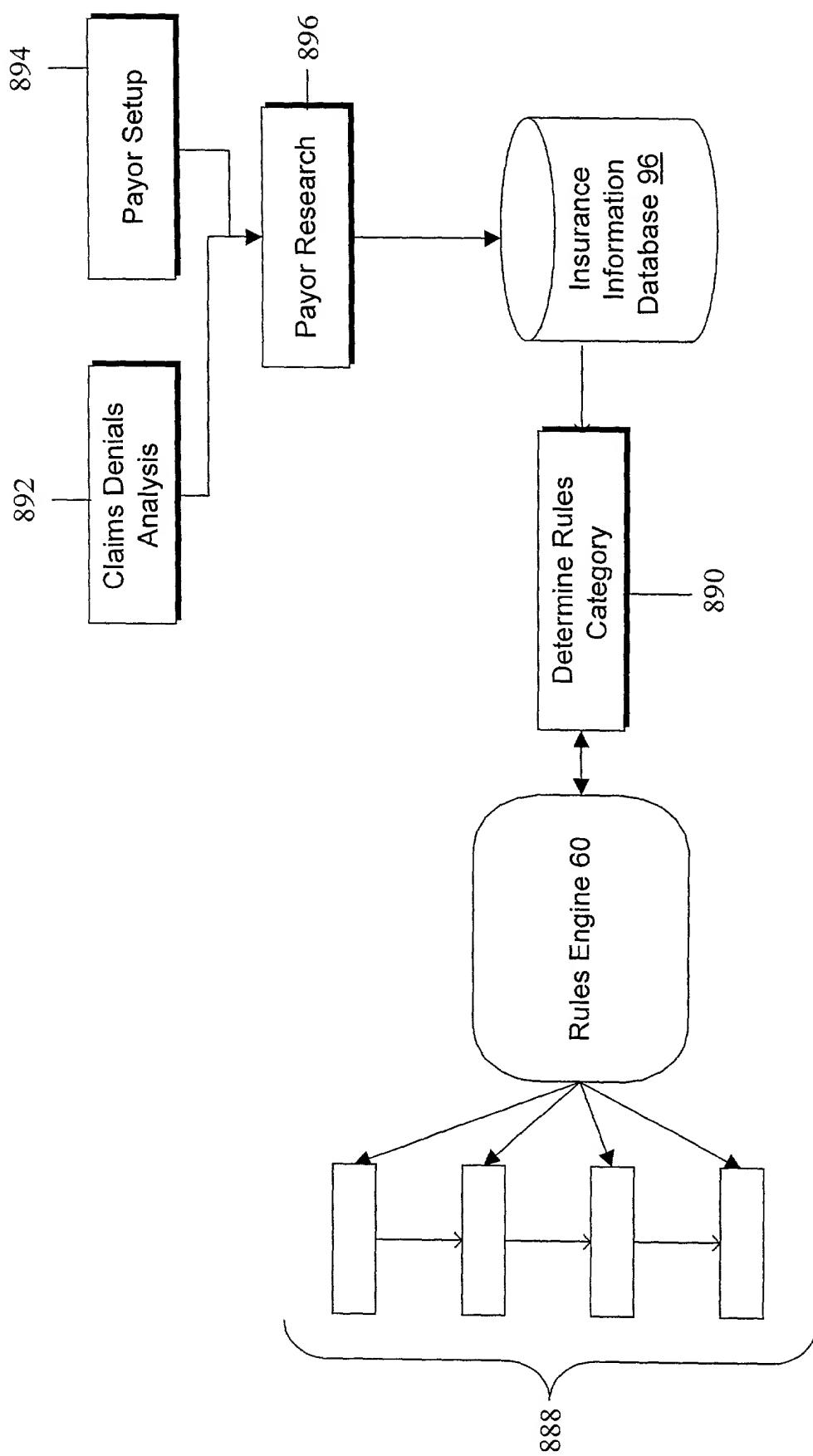


Fig. 8E